

B6I (Official Form 6I) (12/07)In re Delores K. Nobles Daniels,
DebtorCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Widowed	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Case Manager	
Name of Employer	Drexel University	
How long employed	7 years, 10 months	
Address of Employer	1427 Vine Street Philadelphia, PA 19102	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 2,781.00	\$
\$	\$

3. SUBTOTAL

\$ 2,781.00	\$
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): PA Unemployment

\$ 683.00	\$
\$ 349.00	\$
\$	\$
\$ 2.30	\$

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,034.30	\$
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1,830.32	\$
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7. Regular income from operation of business or profession or farm
(Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for
the debtor's use or that of dependents listed above
11. Social security or government assistance
(Specify):
12. Pension or retirement income
13. Other monthly income
(Specify):

\$ 0.00	\$
\$ 0.00	\$
\$ 0.00	\$
\$ 0.00	\$
\$ 0.00	\$
\$ 0.00	\$
\$ 1,906.10	\$
\$ 0.00	\$

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 1,906.10	\$
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15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

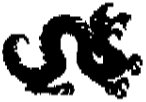
\$ 3,736.42	\$
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 3,736.42	\$
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(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:



Drexel Univ. Coll. of Medicine
3201 Arch St. Suite 400
Philadelphia, Pennsylvania 19104-2737
215-895-2885

Banner ID: 60206316
Social Security Number: *****2735
Employee: Dolores K Nobles-Daniels
Address: 4304 N 16th St
Philadelphia, Pennsylvania 19140

Pay Date: Apr 30, 2013
Pay Period: Apr 01, 2013-Apr 30, 2013

Payment Summary

Type	Current Period
Gross Amount:	\$2,780.30
Total Personnel Deductions:	\$1,006.94
Net Amount:	\$1,773.36
Total Employer Contributions:	\$249.35

Earnings

Job	Earnings	Shift	Hours or Units	Rate	Amount
REGNTR Sociolst	Regular	1			\$1,771.43
	Taxable Disability Replacement	1	1.00		\$0.87
Total:					\$2,780.30

Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employer	Applicable Gross
Deductions before Federal Tax			
Dental Preferred Fr	\$14.37	\$14.38	\$2,780.30
Health Insurance Waiver	\$100.00	\$0.00	\$2,780.30
TIAA Voluntary Age 50+	\$332.57	\$304.88	\$2,771.43
Vision FT	\$2.53	\$2.53	\$2,780.30
Taxes			
Federal Withholding Tax	\$216.64	\$0.00	\$2,842.19
FICA Additional Medicare Tax	\$0.00	\$0.00	\$2,874.72
PA Unemployment Tax BE	\$2.02	\$0.00	\$2,880.30
Pennsylvania State Tax	\$87.91	\$0.00	\$2,863.50
Phila Wage Tax Rem	\$113.96	\$0.00	\$2,891.52
Social Security - Medicare Tax	\$41.68	\$41.68	\$2,874.72
Social Security - OASDI Tax	\$178.23	\$178.23	\$2,874.72
Deductions after Federal Tax			
Accidental Death and Dismemberment	\$0.00	\$0.80	\$2,780.30
Care Life	\$0.00	\$4.97	\$2,780.30

Imputed Income	\$0.00		\$11.22
LTB HC Paid w/ Tax	\$1.87	\$0.00	\$1,780.30
Voluntary Short Term Disability	\$9.14	\$0.00	\$2,771.43
Total:	\$1,006.74	\$049.33	

Federally Taxable Benefits

Benefit	Amount
Imputed Income	\$11.22

Check or Direct Deposit

Number	Document Type	Bank Name	Account Type	Amount
45236776	Direct Deposit	Pennsylvania State Employees CU, Harrisburg, PA	Checking	\$1,773.56

Filing Status**Federal Withholding Tax**

Filing Status	Number of Allowances	Additional Withholding
Single	0	\$0.00

Pennsylvania**State Tax**

Additional Withholding
\$0.00

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Drexel Univ. Coll. of Medicine
3201 Arch St. Suite 400
Philadelphia, Pennsylvania 19104-2737
215-895-2853

Banner ID: 60205316
Social Security Number: *****2735
Employee: Dolores K Nobles-Daniels
Address: 4304 N 16th St
Philadelphia, Pennsylvania 19140

Pay Date: May 31, 2013
Pay Period: May 01, 2013-May 31, 2013

Payment Summary

Type	Current Period
Gross Amount:	\$2,780.30
Total Personal Deductions:	\$1,006.75
Net Amount:	\$1,773.55
Total Employer Contributions:	\$246.25

Earnings

Job	Earnings	SHR	Hours or Units	Rate	Amount
Disability Specialist	Holiday	1	8.00		\$127.91
	Regular	1			\$2,643.83
	Taxable Disability Replacement	1	1.00		\$8.87
Total:					\$2,780.30

Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employer	Applicable Gross
Deductions before Federal Tax			
Dental Preferred FT	\$14.27	\$14.28	\$2,780.30
Health Insurance Voluntary	\$100.00	\$0.00	\$2,780.30
TIAA Voluntary Age 50+	\$332.57	\$304.86	\$2,771.43
Vision FT	\$2.53	\$2.53	\$2,780.30
Taxes			
Federal Withholding Tax	\$316.64	\$0.00	\$2,542.15
FICA Additional Medicare Tax	\$0.00	\$0.00	\$2,874.72
PA Unemployment Tax EE	\$2.02	\$0.00	\$2,880.30
Pennsylvania State Tax	\$87.91	\$0.00	\$2,462.50
PA Wages Tax Res	\$113.58	\$0.00	\$2,891.52
Social Security - Medicare Tax	\$41.69	\$41.69	\$2,074.72
Social Security - OASDI Tax	\$178.23	\$178.23	\$2,874.72
Deductions after Federal Tax			
Accidental Death and Dismemberment	\$0.00	\$0.00	\$2,780.30

Care Life			
Imputed Income	\$0.00	\$0.07	\$2,780.30
LTD EE Paid w/ TDD	\$0.00		\$11.22
Voluntary Short Term Disability	\$0.07	\$0.00	\$2,780.30
	\$0.11	\$0.00	\$2,771.43
Total:	\$1,004.70	\$949.36	

Federally Taxable Benefits

Benefit	Amount
Imputed Income	\$11.22

Check or Direct Deposit

Number	Deposit Type	Bank Name	Account Type	Amount
45234465	Direct Deposit	Pennsylvania State Employees CU, Harrisburg, PA	Checking	\$1,773.05

Filing Status**Federal Withholding Tax**

Filing Status	Number of Allowances	Additional Withholding
Single	0	\$0.00

Pennsylvania**State Tax**

Additional Withholding
\$0.00



Drexel Univ. Coll. of Medicine
3201 Arch St. Suite 400
Philadelphia, Pennsylvania 19104-2737
215-895-2885

Banner ID: 60206316
Social Security Number: *****2735
Employee: Delores K Nobles-Daniels
Address: 4304 N 16th St
Philadelphia, Pennsylvania 19140

Pay Date: Jun 28, 2013
Pay Period: Jun 01, 2013-Jun 30, 2013

Payment Summary

Type	Current Period
Gross Amount	\$2,780.30
Total Personal Deductions	\$1,006.75
Net Amount	\$1,773.55
Total Employer Contributions	\$549.35

Earnings

Job	Earnings	Shift	Hours or Units	Rate	Amount
Diagnostic Specialist	Regular	1			\$2,771.43
	Variable Disability Replacement	1	1.00		\$8.87
Totals					\$2,780.30

Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employer	Applicable Gross
Deductions before Federal Tax			
Dental Preferred PT			
Health Insurance W&W	\$14.27	\$14.28	\$2,780.30
TIAA Voluntary Age 50+	-\$100.00	\$0.00	\$2,780.30
Vision PT	\$232.57	\$204.86	\$2,771.43
Taxes	\$2.53	\$2.53	\$2,780.30
Federal Withholding Tax			
FICA Additional Medicare Tax	\$316.64	\$0.00	\$2,542.15
PA Unemployment Tax ES	\$0.00	\$0.00	\$2,874.72
Pennsylvania State Tax	\$2.02	\$0.00	\$2,880.30
Phila Wage Tax Res	\$87.91	\$0.00	\$2,863.59
Social Security - Medicare Tax	\$113.88	\$0.00	\$2,891.52
Social Security - OASDI Tax	\$41.68	\$41.68	\$2,874.72
Deductions after Federal Tax	\$178.24	\$178.24	\$2,874.72
Accidental Death and Dismemberment			
Core Life	\$0.00	\$0.00	\$2,780.30
	\$0.00	\$6.97	\$2,780.30

Imputed Income			
LTD Bk Paid w/ Tax	\$0.00		\$11.32
Voluntary Short Term Disability	\$8.87	\$0.00	\$2,780.30
	\$8.44	\$0.00	\$2,771.43
Total:	\$1,086.73	\$546.98	

Federally Taxable Benefits

Benefit		Amount
Imputed Income		\$11.32

Check or Direct Deposit

Number	Document Type	BANK Name	Account Type	Amount
43241104	Direct Deposit	Pennsylvania State Employees CU, Harrisburg, PA	Checking	\$1,773.98

Filing Status**Federal Withholding Tax**

Filing Status	Number of Allowances	Additional Withholding
Single	0	\$0.00

Pennsylvania State Tax

Additional Withholding
\$0.00

Account History

Account Statement is available.

Date	Transaction Description	Amount	Balance	Check/Misc.
04/01/2013	WITHDRAWAL TRANSAMERICA TYPE: INSPAYMENT ID: 1390989781 CO: TRANSAMERICA	-\$36.23	\$2,885.71	
04/01/2013	WITHDRAWAL FARMERS INS TYPE: EFT PYMT ID: 1952575893 CO: FARMERS INS	-\$214.33	\$2,671.38	
04/02/2013	WITHDRAWAL CHECK CARD AT&T*464024544216PHI 800-331- 0500 GA DATE 03/31/13 24493982V01YZDY46 4814 Utility	-\$256.00	\$2,415.38	
04/03/2013	CHECK 002179 TRACE: 0015635062 PROCESSED CHECK - PECO TYPE: CHECKPYMT ID: 1230970240	-\$270.00	\$2,145.38	002179
04/05/2013	CHECK 002181 TRACE: 0021403571 PROCESSED CHECK - BOOKSPAN TYPE: CHECK PYMT ID: 0470120892 DATA: 041204975	-\$13.24	\$2,132.14	002181
04/05/2013	CHECK 002175 TRACE: 0026443788 PROCESSED CHECK - ALLSTATE INS CO TYPE: CHECKPAYMT ID: 9129798002	-\$113.38	\$2,018.76	002175
04/05/2013	CHECK 002180 TRACE: 0021383952 PROCESSED CHECK - DIRECTV TYPE: CHECKPYMT ID: 5954321465 DATA: PAYMENT	-\$200.00	\$1,818.76	002180
04/05/2013	WITHDRAWAL #00178103 POS PATHMARK #522 3301 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$12.94	\$1,805.82	
04/05/2013	CHECK 002178 TRACE: 0000799617	-\$109.59	\$1,696.23	002178
04/05/2013	CHECK 002177 TRACE: 0000805027	-\$175.00	\$1,521.23	002177
04/05/2013	CHECK 002176 TRACE: 0000770049	-\$840.99	\$680.24	002176
04/05/2013	WITHDRAWAL CHECK CARD NOMORERACK.COM 800-5389798 NY DATE 04/03/13 24071052YWPQAPQ1P 5137 Clothing	-\$30.00	\$650.24	

Date	Transaction Description	Amount	Balance	Check/Misc.
04/07/2013	WITHDRAWAL #00407782 POS SUNOCO 0930490801 2750 ARMINGO AV PHILADELPHIA PA Point of Sale	-\$50.00	\$600.24	
04/07/2013	WITHDRAWAL #00328671 POS PATHMARK #522 3301 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$57.40	\$542.84	
04/07/2013	WITHDRAWAL #10554755 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$70.35	\$472.49	
04/07/2013	WITHDRAWAL AT ATM #16650593 BP PGW EZ PAY PHILADELPHIA PA	-\$122.95	\$349.54	
04/08/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 04/07/13 277044631003R49T0 5411 Grocery Stores	-\$8.64	\$340.90	
04/10/2013	WITHDRAWAL CHECK CARD BMC*MYSTERY GUILD 717-918- 2665 PA DATE 04/09/13 24692163300XSQL7W 5968 Retail	-\$60.37	\$280.53	
04/12/2013	WITHDRAWAL MY ALARM CENTER TYPE: RECEIVABLE ID: 1912130273 DATA: DYNAMICS EFT DEPOSIT CO: MY ALARM CENTER	-\$44.25	\$236.28	
04/14/2013	WITHDRAWAL #00851295 POS PATHMARK #522 3301 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$86.91	\$149.37	
04/14/2013	WITHDRAWAL #00856009 POS SUPER FRESH 70233 180 WEST GIRAND AV PHILADELPHIA PA Point of Sale	-\$52.49	\$96.88	
04/16/2013	WITHDRAWAL CHECK CARD BMC*MYSTERY GUILD 717-918- 2665 PA DATE 04/15/13 246921639001AA29E 5968 Retail	-\$56.66	\$40.22	
04/17/2013	DEPOSIT TRANSFER FROM SHARE 01	\$15.66	\$55.88	
04/17/2013	WITHDRAWAL CLUBWYNDHAM PLUS TYPE: TIMESHARE ID:	-\$55.88	\$0.00	

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Date	Transaction Description	Amount	Balance	Check/Misc.
	0000192701 DATA: 888-739-4022 CO: CLUBWYNDHAM PLUS			
04/17/2013	DEPOSIT TRANSFER FROM SHARE 01	\$77.64	\$77.64	
04/17/2013	DEPOSIT TRANSFER FROM LOAN 01	\$170.62	\$248.26	
04/17/2013	WITHDRAWAL WVR/FAIRFIELD TYPE: TIMESHARE ID: 0000192701 DATA: 888-739-4016 CO: WVR/FAIRFIELD	-\$248.26	\$0.00	
04/23/2013	DEPOSIT AT ATM #00009649/825113 ATM PHILADELPHIA F 8025 ROOSEVELT BLV PHILADELPHIA PA	\$649.01	\$649.01	
04/27/2013	WITHDRAWAL #00670775 POS SUNOCO 0833827901 3951 ROOSEVELT B PHILADELPHIA PA Point of Sale	-\$59.06	\$589.95	
04/27/2013	WITHDRAWAL #08807965 POS SHOPRITE ARMING 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$205.66	\$384.29	
04/28/2013	WITHDRAWAL AT ATM #61999011/SE2709 ATM CT 7-11 1190 E LUZERNE AVE PHILADELPHIA PA	-\$80.00	\$304.29	
04/28/2013	WITHDRAWAL #00972917 POS 7-ELEVEN 1190 E LUZERNE AVE PHILADELPHIA PA Point of Sale	-\$7.08	\$297.21	
04/28/2013	WITHDRAWAL CHECK CARD WALGREENS #3569 PHILADELPHIA PA DATE 04/27/13 24445003NHEXY596L 5912 Specialty	-\$6.65	\$290.56	
04/28/2013	WITHDRAWAL CHECK CARD EXXONMOBIL 47641899 PHILADELPHIA PA DATE 04/26/13 24164053MB01882DX 5542 Auto	-\$10.01	\$280.55	
04/28/2013	WITHDRAWAL CHECK CARD DOMINO'S 3286 215-457-5000 PA DATE 04/25/13 24445003L8PJKDBV 5814 Dining	-\$15.10	\$265.45	
04/28/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 04/27/13	-\$164.87	\$100.58	

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Date	Transaction Description	Amount	Balance	Check/Misc.
	27704463M003F5B8Q 5411 Grocery Stores			
04/29/2013	WITHDRAWAL CHECK CARD TACO BELL 002957 PHILADELPHIA PA DATE 04/28/13 24431063PRQEB5AXY 5814 Dining	-\$24.60	\$75.98	
04/29/2013	WITHDRAWAL CHECK CARD BMC*MYSTERY GUILD 717-918- 2665 PA DATE 04/28/13 24692163N00GYVDG2 5968 Retail	-\$63.02	\$12.96	
04/30/2013	DEPOSIT DREXEL UNIVERSIT TYPE: PAYROLL ID: 1232979433 CO: DREXEL UNIVERSIT	\$1,773.56	\$1,786.52	
04/30/2013	DEPOSIT PA TREASURY DEPT TYPE: ANNUITANT ID: 1236003133 DATA: A7004151327015029 CO: PA TREASURY DEPT	\$1,907.65	\$3,694.17	
04/30/2013	WITHDRAWAL #00521155 POS WALGREENS 4201 N BROAD ST PHILADELPHIA PA Point of Sale	-\$23.75	\$3,670.42	
04/30/2013	DEPOSIT DIVIDEND 0.100% %% APY EARNED 0.09% 04/01/13 TO 04/30/13 %% APYE AVG DAILY BAL 658.04	\$0.05	\$3,670.47	

Account History

Account Statement is available. :

Date	Transaction Description	Amount	Balance	Check/Misc.
05/01/2013	WITHDRAWAL TRANSAMERICA TYPE: INSPAYMENT ID: 1390989781 CO: TRANSAMERICA	-\$36.23	\$3,634.24	
05/01/2013	WITHDRAWAL FARMERS INS TYPE: EFT PYMT ID: 1952575893 CO: FARMERS INS	-\$195.45	\$3,438.79	
05/01/2013	WITHDRAWAL HOME BANKING TRANSFER TO LOAN 09	-\$127.00	\$3,311.79	
05/01/2013	WITHDRAWAL HOME BANKING TRANSFER TO LOAN 01	-\$60.00	\$3,251.79	
05/02/2013	WITHDRAWAL CHECK CARD APPLEBEES 981449833221 PHILADELPHIA PA DATE 04/30/13 24164073TE98Y5GM9 5812 Dining	-\$37.45	\$3,214.34	
05/02/2013	WITHDRAWAL CHECK CARD AT&T*464024544216PHI 800-331- 0500 GA DATE 05/01/13 2449398350249EIPS 4814 Utility	-\$193.30	\$3,021.04	
05/05/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 05/04/13 27704463W002ZGFWX 5411 Grocery Stores	-\$100.68	\$2,920.36	
05/05/2013	WITHDRAWAL CHECK CARD TOTAL WINE691 NAAMANS CLAYMONT DE DATE 05/04/13 24584263W00419RWW 5921 Specialty	-\$323.55	\$2,596.81	
05/07/2013	CHECK 002187 TRACE: 0020228379 PROCESSED CHECK - ALLSTATE INS CO TYPE: CHECKPAYMT ID: 9129798002	-\$56.69	\$2,540.12	002187
05/07/2013	CHECK 002184 TRACE: 0014468680 PROCESSED CHECK - PECO TYPE: CHECKPAYMT ID: 1230970240	-\$270.00	\$2,270.12	002184
05/07/2013	CHECK 002186 TRACE: 0000823101	-\$68.13	\$2,201.99	002186
05/08/2013	CHECK 002182 TRACE: 0000722644	-\$175.00	\$2,026.99	002182
05/08/2013	CHECK 002183 TRACE: 0000774579	-\$840.99	\$1,186.00	002183

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Date	Transaction Description	Amount	Balance	Check/Misc.
05/09/2013	CHECK 002185 TRACE: 0000732440	-\$51.10	\$1,134.90	002185
05/12/2013	WITHDRAWAL CHECK CARD NORTON *SOFTWARE NORTON.COM/NS CA DATE 05/11/13 2469216430087RZRG 5969 Retail	-\$64.79	\$1,070.11	
05/13/2013	WITHDRAWAL MY ALARM CENTER TYPE: RECEIVABLE ID: 1912130273 DATA: DYNAMICS EFT DEPOSIT CO: MY ALARM CENTER	-\$44.25	\$1,025.86	
05/14/2013	WITHDRAWAL CHECK CARD DTV*DIRECTV SERVICE 800-347- 3288 CA DATE 05/13/13 24692164500RZP7VJ 4899 Utility	-\$200.00	\$825.86	
05/15/2013	CHECK 002190 TRACE: 0017999095 PROCESSED CHECK - PECO TYPE: CHECKPYMT ID: 1230970240	-\$70.81	\$755.05	002190
05/17/2013	WITHDRAWAL CLUBWYNDHAM PLUS TYPE: TIMESHARE ID: 0000192701 DATA: 888-739-4022 CO: CLUBWYNDHAM PLUS	-\$55.88	\$699.17	
05/17/2013	WITHDRAWAL WYNDHAM VACATION TYPE: TIMESHARE ID: 0000192701 DATA: 888-739-4016 CO: WYNDHAM VACATION	-\$248.26	\$450.91	
05/17/2013	WITHDRAWAL AT ATM #79888619/SE2709 ATM CT 7-11 1190 E LUZERNE AVE PHILADELPHIA PA	-\$100.00	\$350.91	
05/17/2013	DEPOSIT HOME BANKING TRANSFER FROM LOAN 01	\$300.00	\$650.91	
05/19/2013	WITHDRAWAL #06699557 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$109.36	\$541.55	
05/19/2013	WITHDRAWAL #00234490 POS SUPER FRESH 70233 180 WEST GIRAND AV PHILADELPHIA PA Point of Sale	-\$121.09	\$420.46	
05/20/2013	CHECK 002191 TRACE: 0028029951 PROCESSED CHECK - VERIZON	-\$200.00	\$220.46	002191

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Date	Transaction Description	Amount	Balance	Check/Misc.
	FINANCIA TYPE: PAYMENTS ID: 9179515401			
05/20/2013	CHECK 002189 TRACE: 0000813939	-\$35.00	\$185.46	002189
05/20/2013	CHECK 002188 TRACE: 0000813938	-\$52.55	\$132.91	002188
05/20/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 05/19/13 2770446480031E48N 5411 Grocery Stores	-\$118.70	\$14.21	
05/22/2013	DEPOSIT AT ATM #00002309/825105 ATM PHILADELPHIA F 1206 CHESTNUT ST PHILADELPHIA PA	\$5,000.00	\$5,014.21	
05/22/2013	WITHDRAWAL AT ATM #00002310/825105 ATM PHILADELPHIA F 1206 CHESTNUT ST PHILADELPHIA PA	-\$300.00	\$4,714.21	
05/23/2013	WITHDRAWAL HOME BANKING TRANSFER TO LOAN 01	-\$80.00	\$4,634.21	
05/23/2013	WITHDRAWAL HOME BANKING TRANSFER TO SHARE 01	-\$200.00	\$4,434.21	
05/24/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 05/23/13 27704464F005F7JKH 5411 Grocery Stores	-\$196.08	\$4,238.13	
05/25/2013	WITHDRAWAL #00598087 POS SUNOCO 0833827901 3951 ROOSEVELT B PHILADELPHIA PA Point of Sale	-\$25.06	\$4,213.07	
05/25/2013	WITHDRAWAL #08591920 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$161.07	\$4,052.00	
05/28/2013	WITHDRAWAL AT ATM #32773977/LK8845 ATM CARDTRONICS CC 4140 N BRD ST PHILADELPHIA PA	-\$301.50	\$3,750.50	
05/28/2013	WITHDRAWAL CHECK CARD ASHLEY STEWART INC PHILADELPHIA PA DATE 05/27/13 23150554K00626R0R 5631 Clothing	-\$14.70	\$3,735.80	
05/29/2013	WITHDRAWAL #00736704 POS PORT RICHMOND TRHIFTWAY 2497 ARIMINGO AVE	-\$8.97	\$3,726.83	

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Date	Transaction Description	Amount	Balance	Check/Misc.
	PHILADELPHIA PA Point of Sale			
05/29/2013	WITHDRAWAL #00505648 POS SUNOCO 0930490801 2750 ARMINGO AV PHILADELPHIA PA Point of Sale	-\$49.34	\$3,677.49	
05/29/2013	WITHDRAWAL #00691880 POS PATHMARK #522 3301 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$68.77	\$3,608.72	
05/31/2013	DEPOSIT DREXEL UNIVERSIT TYPE: PAYROLL ID: 1232979433 CO: DREXEL UNIVERSIT	\$1,773.55	\$5,382.27	
05/31/2013	DEPOSIT PA TREASURY DEPT TYPE: ANNUITANT ID: 1236003133 DATA: A7005151327015032 CO: PA TREASURY DEPT	\$1,907.65	\$7,289.92	
05/31/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 05/30/13 27704464N00480HB5 5411 Grocery Stores	-\$93.70	\$7,196.22	
05/31/2013	DEPOSIT DIVIDEND 0.100% %% APY EARNED 0.10% 05/01/13 TO 05/31/13 %% APYE AVG DAILY BAL 2,392.77	\$0.20	\$7,196.42	

Account History

Account Statement is available. :

Date	Transaction Description	Amount	Balance	Check/Misc.
06/01/2013	WITHDRAWAL #10103017 POS TOBACCO EXPRESS IN CLAYMONT DE Point of Sale	-\$203.70	\$6,992.72	
06/01/2013	WITHDRAWAL #33648301 POS THE HOME DEPOT 1602 601 NAAMANS ROAD CLAYMONT DE Point of Sale	-\$273.20	\$6,719.52	
06/02/2013	WITHDRAWAL #05912913 POS LOWE'S #2732 3800 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$139.26	\$6,580.26	
06/02/2013	WITHDRAWAL #09831941 POS SHOPRITE ARMING 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$152.66	\$6,427.60	
06/02/2013	WITHDRAWAL CHECK CARD CAREMARK MAIL 888-892-7227 IL DATE 05/31/13 24445004R2XF9NX5R 5912 Specialty	-\$32.59	\$6,395.01	
06/02/2013	WITHDRAWAL CHECK CARD AT&T*464024544216PHI 800-331- 0500 GA DATE 06/01/13 24493984R0200JZJM 4814 Utility	-\$255.21	\$6,139.80	
06/02/2013	WITHDRAWAL CHECK CARD TOTAL WINE591 NAAMANS CLAYMONT DE DATE 06/01/13 24584264R0048DVDP 5921 Specialty	-\$372.92	\$5,766.88	
06/03/2013	WITHDRAWAL TRANSAMERICA TYPE: INSPAYMENT ID: 1390989781 CO: TRANSAMERICA	-\$36.23	\$5,730.65	
06/03/2013	CHECK 002195 TRACE: 0026950697 PROCESSED CHECK - ALLSTATE INS CO TYPE: CHECKPAYMT ID: 9129798002	-\$56.69	\$5,673.96	002195
06/03/2013	WITHDRAWAL FARMERS INS TYPE: EFT PYMT ID: 1952575893 CO: FARMERS INS	-\$195.45	\$5,478.51	
06/03/2013	CHECK 002196 TRACE: 0000750433	-\$39.45	\$5,439.06	002196

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Date	Transaction Description	Amount	Balance	Check/Misc.
06/03/2013	CHECK 002200 TRACE: 0000833356	-\$82.08	\$5,356.98	002200
06/03/2013	WITHDRAWAL CHECK CARD SUNOCO 0833827901 PHILADELPHIA PA DATE 06/01/13 24692164T00086PSF 5541 Auto	-\$30.00	\$5,326.98	
06/04/2013	CHECK 002197 TRACE: 0000821642	-\$90.12	\$5,236.86	002197
06/04/2013	CHECK 002193 TRACE: 0000678483	-\$175.00	\$5,061.86	002193
06/04/2013	CHECK 002192 TRACE: 0000814236	-\$625.00	\$4,436.86	002192
06/04/2013	CHECK 002194 TRACE: 0000746760	-\$840.99	\$3,595.87	002194
06/04/2013	WITHDRAWAL AT ATM #05030767 BP VERIZON FIS*VERIZON/BMC IRVING TX	-\$215.50	\$3,380.37	
06/05/2013	CHECK 002198 TRACE: 0000687398	-\$48.55	\$3,331.82	002198
06/05/2013	CHECK 002199 TRACE: 0000687399	-\$105.00	\$3,226.82	002199
06/06/2013	CHECK 002201 TRACE: 0014695172 PROCESSED CHECK - PECO TYPE: CHECKPYMT ID: 1230970240	-\$300.00	\$2,926.82	002201
06/08/2013	WITHDRAWAL #08662160 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$97.51	\$2,829.31	
06/08/2013	WITHDRAWAL #00338276 POS PATHMARK #522 3301 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$61.89	\$2,767.42	
06/09/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 06/08/13 277044642003VXPAX 5411 Grocery Stores	-\$148.85	\$2,618.57	
06/10/2013	CHECK 002202 TRACE: 0021397005 PROCESSED CHECK - DIRECTV TYPE: CHECKPYMT ID: 5954321465 DATA: PAYMENT	-\$300.00	\$2,318.57	002202
06/12/2013	WITHDRAWAL MY ALARM CENTER TYPE: RECEIVABLE ID: 1912130273 DATA: DYNAMICS	-\$44.25	\$2,274.32	

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Date	Transaction Description	Amount	Balance	Check/Misc.
	EFT DEPOSIT CO: MY ALARM CENTER			
06/13/2013	WITHDRAWAL AT ATM #16891995 BP PGW EZ PAY PHILADELPHIA PA	-\$202.95	\$2,071.37	
06/13/2013	WITHDRAWAL AT ATM #16906022 BP PGW EZ PAY PHILADELPHIA PA	-\$42.95	\$2,028.42	
06/15/2013	WITHDRAWAL #07999417 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$155.56	\$1,872.86	
06/15/2013	WITHDRAWAL #07524395 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$127.67	\$1,745.19	
06/15/2013	WITHDRAWAL #05129443 POS PETSMART INC 1 7422 BUSTLETON AVE PHILADELPHIA PA Point of Sale	-\$58.04	\$1,687.15	
06/17/2013	WITHDRAWAL CLUBWYNDHAM PLUS TYPE: TIMESHARE ID: 0000192701 DATA: 888-739-4022 CO: CLUBWYNDHAM PLUS	-\$55.88	\$1,631.27	
06/17/2013	WITHDRAWAL WYNDHAM VACATION TYPE: TIMESHARE ID: 0000192701 DATA: 888-739-4016 CO: WYNDHAM VACATION	-\$248.26	\$1,383.01	
06/17/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 06/16/13 27704465700322JJD 5411 Grocery Stores	-\$9.72	\$1,373.29	
06/17/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 06/16/13 27704465700404N33 5411 Grocery Stores	-\$121.77	\$1,251.52	
06/18/2013	WITHDRAWAL #11253080 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$73.98	\$1,177.54	
06/18/2013	WITHDRAWAL #11306599 POS SHOPRITE ARMNG 3745 ARAMINGO AVE PHILADELPHIA	-\$45.85	\$1,131.69	

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Date	Transaction Description	Amount	Balance	Check/Misc.
	PA Point of Sale			
06/22/2013	WITHDRAWAL #00000678 POS TARGET T2418 PHILA PHILADELPHIA PA Point of Sale	-\$110.11	\$1,021.58	
06/22/2013	WITHDRAWAL #00413482 POS EXXONMOBIL A & R BROS PHILADEL PA Point of Sale	-\$50.00	\$971.58	
06/23/2013	DEPOSIT AT ATM #00001993/825113 ATM PHILADELPHIA F 8025 ROOSEVELT BLV PHILADELPHIA PA	\$57.00	\$1,028.58	
06/23/2013	WITHDRAWAL CHECK CARD ASHLEY STEWART INC PHILADELPHIA PA DATE 06/22/13 23150555D0058YV72 5631 Clothing	-\$8.63	\$1,019.95	
06/23/2013	WITHDRAWAL CHECK CARD WALGREENS #3569 PHILADELPHIA PA DATE 06/22/13 24445005EHEY3JFMN 5912 Specialty	-\$11.90	\$1,008.05	
06/23/2013	WITHDRAWAL CHECK CARD KMART 3454 PHILADELPHIA PA DATE 06/22/13 23192265D005PRJDS 5310 Retail	-\$16.98	\$991.07	
06/23/2013	WITHDRAWAL CHECK CARD ASHLEY STEWART INC PHILADELPHIA PA DATE 06/22/13 23150555D0058YSE2 5631 Clothing	-\$40.23	\$950.84	
06/24/2013	WITHDRAWAL CHECK CARD EXXONMOBIL 47640727 PHILADELPHIA PA DATE 06/22/13 24164055EB018453T 5542 Auto	-\$0.22	\$950.62	
06/24/2013	WITHDRAWAL CHECK CARD WENDYS #2642 PHILADELPHIA PA DATE 06/22/13 24445005E2XQSN8J 5814 Dining	-\$21.14	\$929.48	
06/24/2013	WITHDRAWAL CHECK CARD #07704 ACME PHILADELPHIA PA DATE 06/23/13 27704465E00332M60 5411 Grocery Stores	-\$69.36	\$860.12	
06/25/2013	WITHDRAWAL CHECK CARD MCDONALD'S F23378	-\$12.59	\$847.53	

Date	Transaction Description	Amount	Balance	Check/Misc.
	PHILADELPHIA PA DATE 06/23/13 24427335FLMBP1YV2 5814 Dining			
06/26/2013	CHECK 002204 TRACE: 0026025068 PROCESSED CHECK - COMENITYCARD PAY TYPE: CHECK PYMT ID: 9311429215	-\$20.00	\$827.53	002204
06/26/2013	CHECK 002203 TRACE: 0026024179 PROCESSED CHECK - COMENITYCARD PAY TYPE: CHECK PYMT ID: 9311429215	-\$25.00	\$802.53	002203
06/28/2013	DEPOSIT DREXEL UNIVERSIT TYPE: PAYROLL ID: 1232979433 CO: DREXEL UNIVERSIT	\$1,773.55	\$2,576.08	
06/28/2013	DEPOSIT PA TREASURY DEPT TYPE: ANNUITANT ID: 1236003133 DATA: A7006131327015035 CO: PA TREASURY DEPT	\$1,907.65	\$4,483.73	
06/28/2013	WITHDRAWAL HOME BANKING TRANSFER TO LOAN 01	-\$80.00	\$4,403.73	
06/28/2013	WITHDRAWAL HOME BANKING TRANSFER TO LOAN 09	-\$62.00	\$4,341.73	
06/29/2013	WITHDRAWAL #08921999 POS LOWE'S #2732 3800 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$22.98	\$4,318.75	
06/29/2013	WITHDRAWAL #09865579 POS SHOPRITE ARMING 3745 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$221.47	\$4,097.28	
06/30/2013	WITHDRAWAL #01476106 POS DOLLAR TREE #0 700 E HUNTING PARK PHILADELPHIA PA Point of Sale	-\$8.64	\$4,088.64	
06/30/2013	WITHDRAWAL #05607987 POS LOWE'S #2732 3800 ARAMINGO AVE PHILADELPHIA PA Point of Sale	-\$21.32	\$4,067.32	
06/30/2013	WITHDRAWAL CHECK CARD WALGREENS #3569 PHILADELPHIA PA DATE 06/29/13 24445005MHXQAVSW 5912 Specialty	-\$9.25	\$4,058.07	
06/30/2013	WITHDRAWAL CHECK CARD FIVE BELOW #151 PHILADELPHIA PA DATE 06/29/13	-\$58.47	\$3,999.60	

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Date	Transaction Description	Amount	Balance	Check/Misc.
	24692165M00W7QBRV 5310 Retail			
06/30/2013	DEPOSIT DIVIDEND 0.100% %% APY EARNED 0.10% 06/01/13 TO 06/30/13 %% APYE AVG DAILY BAL 2,448.49	\$0.20	\$3,999.80	

Case 13-16165-jkf Doc 1-1 Filed 07/14/13 Entered 07/14/13 23:15:22 Desc
Supplement Page 22 of 43**B6J (Official Form 6J) (12/07)**In re Delores K. Nobles Daniels
DebtorCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,548.00
a. Are real estate taxes included? Yes _____ No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes _____ No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	60.00
c. Telephone	\$	150.00
d. Other <u>Direct TV Cable Service</u>	\$	150.00
3. Home maintenance (repairs and upkeep)	\$	50.00
4. Food	\$	400.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	55.00
8. Transportation (not including car payments)	\$	250.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	67.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	80.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>IRS Overpayment Repayment</u>	\$	175.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other _____	\$	0.00
c. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other _____	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	3,385.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	3,736.42
b. Average monthly expenses from Line 18 above	\$	3,385.00
c. Monthly net income (a. minus b.)	\$	351.42

B 7 (Official Form 7) (04/10)

UNITED STATES BANKRUPTCY COURT

Eastern District of Pennsylvania

In re: Delores K. Nobles Daniels

Debtor

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. Sec. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$33,045.78

Drexel University College Of Medicine
2010 -2012

2

2. Income other than from employment or operation of businessNone
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$22,872.00

Pennsylvania Department of Public Welfare Retirement Benefits
2010 - 2012**3. Payments to creditors***Complete a. or b., as appropriate, and c.*None
☐

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTSAMOUNT
PAIDAMOUNT
STILL OWINGNone
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERSAMOUNT
STILL
OWING

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF ASSIGNEEDATE OF
ASSIGNMENTTERMS OF
ASSIGNMENT
OR SETTLEMENT

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIANNAME AND LOCATION
OF COURT
CASE TITLE & NUMBERDATE OF
ORDERDESCRIPTION
AND VALUE
OF PROPERTY

7. Gifts

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless

9. Payments related to debt counseling or bankruptcyNone
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Tangie Marie Boston, Esq.	January 10, 2013	600.00

10. Other transfersNone
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None
☒

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accountsNone
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

6

12. Safe deposit boxesNone
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. SetoffsNone
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

14. Property held for another personNone
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtorNone
☒

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing

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executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None



b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

9

None
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. InventoriesNone
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other
basis)

None
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and ShareholdersNone
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

10

22 . Former partners, officers, directors and shareholdersNone
☒a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None
☒b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporationNone
☒If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.None
☒If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.None
☒If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

* * * * *

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[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date

7/7/13Signature
of DebtorSignature of
Joint Debtor
(if any)

Date

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date

Signature

Print Name and
Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

0 _____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

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In re Delores K Nobles Daniels
Debtor(s)Case Number: _____
(If known)

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.
☒ The applicable commitment period is 5 years.
☒ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME														
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income									
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 2,781.00	\$									
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$	b.	Ordinary and necessary business expenses	\$	c.	Business income	Subtract Line b from Line a	\$ 0.00	\$
a.	Gross receipts	\$												
b.	Ordinary and necessary business expenses	\$												
c.	Business income	Subtract Line b from Line a												
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. <table border="1"> <tr> <td>a.</td> <td>Gross receipts</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$ 0.00	\$
a.	Gross receipts	\$ 0.00												
b.	Ordinary and necessary operating expenses	\$ 0.00												
c.	Rent and other real property income	Subtract Line b from Line a												
5	Interest, dividends, and royalties.			\$ 0.00	\$									
6	Pension and retirement income.			\$ 1,906.00	\$									
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.			\$ 0.00	\$									
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td>Debtor \$ 0.00</td> <td>Spouse \$</td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$	\$ 0.00	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$												

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9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.		\$	
	b.		\$	
			\$ 1,906.00	\$
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).		\$ 2,781.00	\$
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$ 4,687.00	
Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD				
12	Enter the amount from Line 11.			\$ 4,687.00
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.			
	a.		\$	
	b.		\$	
	c.		\$	
	Total and enter on Line 13.			\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.			\$ 4,687.00
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.			\$ 56,244.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Pennsylvania</u> b. Enter debtor's household size: <u>2</u>			\$ 54,091.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.			
Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME				
18	Enter the amount from Line 11.			\$ 4,687.00

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19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table> <p>Total and enter on Line 19.</p>	a.		\$	b.		\$	c.		\$	\$ 0.00
a.		\$									
b.		\$									
c.		\$									
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 4,687.00									
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 56,244.00									
22	Applicable median family income. Enter the amount from Line 16.	\$ 54,091.00									
23	<p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p>										

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

24A	<p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$ 1,029.01																								
24B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td>60.00</td> <td>a2.</td> <td>Allowance per member</td> <td>144.00</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>2</td> <td>b2.</td> <td>Number of members</td> <td>0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>120.00</td> <td>c2.</td> <td>Subtotal</td> <td>0.00</td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member	60.00	a2.	Allowance per member	144.00	b1.	Number of members	2	b2.	Number of members	0	c1.	Subtotal	120.00	c2.	Subtotal	0.00	\$ 120.00
Household members under 65 years of age			Household members 65 years of age or older																								
a1.	Allowance per member	60.00	a2.	Allowance per member	144.00																						
b1.	Number of members	2	b2.	Number of members	0																						
c1.	Subtotal	120.00	c2.	Subtotal	0.00																						
25A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$ 1,419.00																								

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25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent expense</td> <td>\$ 1,419.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$ 1,548.00</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,419.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 1,548.00	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,419.00									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 1,548.00									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> 	\$									
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 299.00									
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$ 0.00									
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									

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29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 662.18									
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$ 0.00									
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ 0.00									
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.</p>	\$ 0.00									
34	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ 0.00									
35	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$ 0.00									
36	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.</p>	\$ 55.00									
37	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$ 0.00									
38	<p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.</p>	\$ 2,455.00									
<p align="center">Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37</p>											

B 22C (Official Form 22C) (Chapter 13) (04/10)

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39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				\$ 0.00																						
<table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table>	a.	Health Insurance	\$	b.		Disability Insurance	\$	c.	Health Savings Account	\$	Total and enter on Line 39		\$ 0.00														
a.	Health Insurance	\$																									
b.	Disability Insurance	\$																									
c.	Health Savings Account	\$																									
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____																											
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.				\$ 0.00																						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				\$ 0.00																						
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				\$ 0.00																						
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				\$ 0.00																						
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$ 0.00																						
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.				\$ 0.00																						
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.				\$ 0.00																						
Subpart C: Deductions for Debt Payment																											
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.				\$ 1,680.00																						
<table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Wells Fargo</td> <td>4304 N 16th St Phila. PA. 19140</td> <td>\$ 840.00</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td>Wells Fargo</td> <td>4304 N 16th St Phila. PA. 19140</td> <td>\$ 708.00</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td>WS Financial Card</td> <td>4304 N 16th St Phila. PA. 19140</td> <td>\$ 132.00</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td>Total: Add Lines a, b, and c</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment		Does payment include taxes or insurance?	a.	Wells Fargo	4304 N 16th St Phila. PA. 19140	\$ 840.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	b.	Wells Fargo	4304 N 16th St Phila. PA. 19140	\$ 708.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	c.	WS Financial Card	4304 N 16th St Phila. PA. 19140	\$ 132.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				Total: Add Lines a, b, and c		
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																							
a.	Wells Fargo	4304 N 16th St Phila. PA. 19140	\$ 840.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																							
b.	Wells Fargo	4304 N 16th St Phila. PA. 19140	\$ 708.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																							
c.	WS Financial Card	4304 N 16th St Phila. PA. 19140	\$ 132.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																							
			Total: Add Lines a, b, and c																								

B 22C (Official Form 22C) (Chapter 13) (04/10)

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48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a. Wells Fargo	4304 N. 16th St. Phila.PA. 19140	\$ 126.00	
	b. Wells Fargo	4304 N 16th St. Phila. PA. 19140	\$ 94.40	
	c. WF Financial Card	4303 N. 16th St. Phila.PA. 19140	\$ 19.80	
	Total: Add Lines a, b, and c			\$ 240.00
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.			\$ 243.00
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.			
	a. Projected average monthly chapter 13 plan payment.	\$ 750.00		
	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 0.10		
	c. Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b		\$ 72.75
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.			\$ 2,236.00
Subpart D: Total Deductions from Income				
52	Total of all deductions from income. Enter the total of Lines 38, 46, and 51.			\$ 4,691.00
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)				
53	Total current monthly income. Enter the amount from Line 20.			\$ 4,687.00
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.			\$ 0.00
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).			\$ 0.00
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.			\$ 4,691.00

57

Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.

	Nature of special circumstances	Amount of expense
a.		\$
b.		\$
c.		\$
		Total: Add Lines a, b, and c

\$ 0.00

58

Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.

\$ 4,691.00

59

Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.

\$ -4.00

Part VI: ADDITIONAL EXPENSE CLAIMS

60

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
	Total: Add Lines a, b, and c	\$ 0.00

Part VII: VERIFICATION

61

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: JULY 7, 2013Signature: [Signature]
(Debtor)

Date: _____

Signature: _____
(Joint Debtor, if any)

Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

B21 (Official Form 21) (12/12)

UNITED STATES BANKRUPTCY COURT

In re Delores K. Nobles Daniels

[Set forth here all names including married, maiden, and trade names used by debtor within last 8 years]

Debtor

Address 4304 N. 16th Street, Phila. Pa. 19140

Last four digits of Social-Security or Individual Taxpayer-Identification (ITIN) No(s), (if any):
2735

Employer Tax-Identification (EIN) No(s), (if any):

Case No. _____

Chapter 13

STATEMENT OF SOCIAL-SECURITY NUMBER(S)

(or other Individual Taxpayer-Identification Number(s) (ITIN(s)))

1. Name of Debtor (Last, First, Middle): Nobles Daniels, Delores K.

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social-Security Number and it is: 172-44-2735

(If more than one, state all.)

☐ Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: _____

(If more than one, state all.)

☐ Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

☐ Joint Debtor has a Social-Security Number and it is: _____

(If more than one, state all.)

☐ Joint Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN) and it is: _____

(If more than one, state all.)

☐ Joint Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X [Signature]
Signature of Debtor

01/10/2013

Date

X _____

Signature of Joint Debtor

Date

*Joint debtors must provide information for both spouses.

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.

B 203
(12/94)**United States Bankruptcy Court**EASTERN District Of PENNSYLVANIA

In re Delores K. Nobles Daniels

Case No. _____

Debtor

Chapter 13**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>800.00</u>
Prior to the filing of this statement I have received	\$ <u>800.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify) _____

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify) _____

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;